COCHIN LEGISLATIVE COUNCIL

(507)

PROCEEDINGS.

(Budget Session of 1100.)

Saturday, the 8th of August 1925.

The Council metin the Town Hall at 11-30. a. m. on Saturday, the 24th of Karkadagam, corresponding to the 8th of August 1925, the Diwan-President being in the chair. Messrs. T. V. Kasturi Ranga Ayyar, S. S. Koder, P. Munda Vaidyan, Paulo Mampilli, N. Padmanabha Menon, A. Sankara Puduval, A. B. Salem, E. Simpson and Dr. A. R. Menon were absent.

Voting of Demands for Grants (*cont.*)

Demand XXI—Medical (*cont.*)

President.—We will now begin. Last day Dr. Govinda Menon was speaking about his motion to reduce the allotment of Rs. 90,425, under establishment, by Rs. 500.

Dr. A. G. MENON (*Tattamangalam*).

Sir, yesterday, I had to stop at the middle of a paragraph. To-day, I shall begin from the very beginning of the paragraph for a better understanding of the subject.

The policy of shunting of the experts out of their own sphere cannot but be detrimental to the efficient working of the hospitals. In his reply, in the general discussion of the budget, the C. M. & S. O. told us that he entirely agreed with my views, namely, "every means should be adopted ....without affecting the quality and efficiency of the work" and said that he is guided by it. In our General Hospital, the distribution of work among the Civil Surgeons is not commendable. An X-Ray Expert is put in charge of the Ophthalmic work, in which he is no expert. An expert in Ophthalmology is put in charge of General Surgery, in which he is no expert. Is this the way to

LIBRARY ARCHIVES Kerala Legislative Assembly

improve the quality and efficiency of the work, Sir? This policy stands self-condemned in a department which deals with the lives and limbs of poor people. The experts must be permanent fixtures in their own line and move with the advancement of science. If they lose touch with the advancement of their own subject for a long time, I need not tell you, Sir, that experts will become no experts, and thereby the object for which their appointments are made is frustrated. So I emphatically say that they should be fixed features in their own line and should not be shunted out. I need not tell you, Sir, that the experts are appointed for the material development of the Medical Department and not to show to the outside world the number of experts in the department. All people would like to get expert advice. Is it not the duty of every Government to see that the people under their care get the full benefit of the services of the experts who are maintained by the Government? May I ask you, Sir, who is responsible for such a state of affairs? If the C. M. & S. O. is responsible for the present distribution of work of the experts, I request the Hon'ble Member, the earlier this fundamental defect is rectified, the better for the department.

In reply to question No. 7 (a), in the statement of the C. M. & S. O., he stated that "there are two reserve hands in connection with school inspection, special duties, and as relieving hands who work in the General Hospital, when not engaged in the above duties." In this connection, I specially draw the attention of you, Sir, and the Hon'ble Members that there is no justification whatsoever for the appointment of a new hand for the Trichur Hospital a month ago. Where were the two relieving hands referred to in the above statement? This clearly shows that the appointments are made without any fixed and sound principles. This and the appointment of the X-Ray Expert justify my remark elsewhere that posts are created for men and men are not recruited for posts.

In all the departments of the Government, except the Medical one, we can get on very easily and without much evil results, if you put square men in round holes and *vice versa*. There, a man of confirmed incapacity to do a work can even gain a reputation for

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high competency, if he is fortunate enough to have a set of competent subordinates. There, he can take credit for himself for all good work done by his subordinates, and when there is anything amiss, he can throw all the discredit on their shoulders. It is impossible to do so in the Medical Department without committing a sin. To do so in the Medical Department is to play with the lives and limbs of poor, unsuspecting people. I have, therefore, only to say that the existing policy of the department should be immediately changed.

Sir, I am sorry I have to take you through the internal working of our General Hospital at Ernakulam and the Medical Department as a whole and to place before you the present position of that department. In doing so, as I have stated in the general discussion, I am actuated with a genuine and earnest desire to draw the attention of the Council and the Government to the imperative necessity to go into the question of the medical services and the urgent need for reorganization and retrenchment. If this department is allowed to swell up in this unchecked manner, I am afraid many other equally important departments of the State will have to be starved. Retrenchment must, therefore, be begun in right earnest. I would, therefore, place this cut for the acceptance of this Council.

Sir, I do not know whether the X-Ray is working now.

President.—Not yet.

Dr. A. G. MENON (*Tattamangalam*).

But the answer given by the C. M. & S. O. to question No. 7 (a) of the Hon'ble Member for Narakkal, namely, "One additional Civil Surgeon in charge of the Ophthalmic Hospital having a daily average of twelve in-patients and 50—60 out-patients and X-Ray work" shows that the X-Ray is now working.

There is an allotment of Rs. 5,000 under "Miscellaneous". It is not clearly understood.

Mr. C. ACHYUTA MENON (*Mulakunnathukavu*).

All other items of expenditure certainly do not come under the sub-head.

LIBRARY ARCHIVES Kerala Legislative Assembly

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Just for the information of this House, I shall give an explanation. I have got the details.

മിസ്റ്റർ കെ. ശങ്കരൻനമ്പൂതിരി (പൊന്നാനി).

ഈ രാജ്യത്തു് നിവസിക്കുന്ന ജനങ്ങളുടെ ദേഹസ്ഥിതിക്കും ദേശസ്ഥിതിക്കും അനുസരണമായവിധം വൈദ്യസഹായം നൽകുവാനുള്ള വഴിയേക്കുറിച്ചാണു് ഞാൻ ഇവിടെ രണ്ടുവാക്കു് പറയാൻ ഉദ്ദേശിക്കുന്നതു്. ഈ വിഷയത്തെ ഉപവാദിക്കുന്നതിനു് സ്റ്റേറ്റിൽ ഇപ്പോൾ നടപ്പുള്ള വൈദ്യസഹായത്തിന്റെ സ്ഥിതിയേപ്പറ്റിയും സ്വല്പം പറയേണ്ടിയിരിക്കുന്നു.

കൊച്ചിരാജ്യത്തെ ജനസംഖ്യ പത്തു ലക്ഷത്തോളമുണ്ടു്. ഈ ജനങ്ങൾക്കു് വൈദ്യസഹായത്തിനു് പ്രധാനമായി ഗവമ്മേണ്ടിൽ നിന്നും ചെയ്തുവരുന്നതു് പാശ്ചാത്യവൈദ്യത്തിന്റെ പ്രചാരണം മാത്രമാണു്. പാശ്ചാത്യ വൈദ്യത്തിനായി 1101-ൽ ഗവമ്മേണ്ടു് ചിലവുചെയ്യുന്നതു് രണ്ടുലക്ഷത്തി ഏഴുപത്തി മൂവ്വായിരത്തോളം ഉറുപ്പികയാണല്ലൊ? ഇതിൽ രോഗികൾക്കുവേണ്ടിയുള്ള ചിലവു് 1,11,000 ക. യും ശമ്പളച്ചിലവു് 1,22,000 രൂപായിൽ ചിലചാനവും ആണു്. ശേഷമുള്ളതു് പലവകച്ചിലവിലേയ്ക്കും വകവെച്ചിരിക്കുന്നു. ഈ പാശ്ചാത്യവൈദ്യം കൊണ്ടു് ഉപകാരമുള്ളവർ ആകെ ജനസംഖ്യയിൽ മൂന്നിലൊന്നുമാത്രമേയുള്ളുവെന്നു് 98-ലേയും 99-ലേയും മരണറിപ്പോർട്ടുകളിൽനിന്നും ഗ്രഹിക്കാവുന്നതാണു്. ഈ രണ്ടു കൊല്ലങ്ങളിലും 8,000-ത്തോളം പേരെ ആശുപത്രിയിൽ കിടത്തി ചികിത്സിച്ചതായും 3,30,000 പേർക്കു് വൈദ്യസഹായം ചെയ്തിട്ടുള്ളതായും കാണുന്നുണ്ടു്. ഇംഗ്ലീഷ് ആശുപത്രികൾ മിക്കതും നഗരങ്ങളിലാകയാൽ നാട്ടുപുറങ്ങളിലുള്ള സാധുക്കൾക്കു് അതുകൊണ്ടു് പറയത്തക്ക പ്രയോജനം ഒന്നും ഉണ്ടാകുന്നില്ലെന്നുകൂടി പറയേണ്ടിയിരിക്കുന്നു. പല അസൌകര്യങ്ങളും സഹിച്ചു് നഗരങ്ങളിലുള്ള ആശുപത്രികളെ ആശ്രയിക്കുന്നതായാൽ തന്നെയും അവിടെ ഔഷധങ്ങൾ യാതൊരാളും ഇല്ലാത്തതിനാൽ പറയുന്ന വില കൊടുത്തു് സ്വകായ്ക്കുമുടക്കാരോടു് വാങ്ങേണ്ടതായും വരുന്നുണ്ടു്. ഇതിന്റെ പരിഹാരത്തിനു് ഈ നാട്ടിൽ പണ്ടേയ്ക്കുപണ്ടേ നടന്നുവരുന്ന ആയുർവ്വേദ ചികിത്സയെ പുഷ്ടിപ്പെടുത്തി ആശാസ്ത്രപ്രകാരമുള്ള വൈദ്യസഹായം ഗവമ്മേണ്ടിൽനിന്നും ചെയ്യണമെന്നാണു് ഒന്നാമതായി പറയാനുള്ളതു്. ഡാക്ടർമാർക്കുള്ള ഫീസ്സും മരുന്നുകൾക്കുള്ള വിലയും താങ്ങുവാൻ പണക്കാരേക്കൊണ്ടല്ലാതെ സാധാരണക്കാരെക്കൊണ്ടു് സാധിക്കുകയില്ല. വലിയ ചിലവൊക്കെ ചെയ്തു് ഡാക്ടരേയും കൊണ്ടുവന്നു് മരുന്നുകൾ ഉപയോഗിക്കുന്നതിനേക്കാൾ ദേശകാലസ്ഥിതികളുടെ വ്യത്യാസം കൊണ്ടു് ആയുർവ്വേദചികിത്സകൊണ്ടുള്ള തൽഫലം കാണുന്നുണ്ടെന്നാണു് തോന്നുന്നതു്.

പിന്നെ സ്റ്റേറ്റിലെ ജനങ്ങൾക്കു് ശരിയായ നിലയിൽ ഗവമ്മേണ്ടു് വൈദ്യസഹായം നൽകുവാൻ ഇപ്പോഴത്തെ ഏർപ്പാടിനെ പു

LIBRARY ARCHIVES Kerala Legislative Assembly

ഷ്ടിപ്പെട്ടത്തിയാൽ മതിയോ എന്നാണ് ആലോചിക്കേണ്ടത്. ഇംഗ്ലീഷ് ആശുപത്രികളുടേയും ഡാക്ടർമാരുടേയും എണ്ണം വർദ്ധിപ്പിക്കുന്നതായാൽ മെഡിക്കൽ ഡിപ്പാർട്ടുമെണ്ടിലെ ചിലവു് വർദ്ധിക്കും എന്നല്ലാതെ പരക്കെ തൃപ്തികരമായ വിധം വൈദ്യസഹായം നൽകുവാൻ അതുകൊണ്ടു് സാധിക്കും എന്നു് തോന്നുന്നില്ല. അഥവാ സാധിച്ചാൽ തന്നെയും വിഷചികിത്സ മുതലായവയ്ക്കു് മറ്റു വൈദ്യന്മാരെ ആശ്രയിക്കേണ്ടതായി തന്നെ വരും. ഈ രാജ്യത്തെ ശീതോഷ്ണസ്ഥിതിക്കും ദേഹപ്രകൃതിക്കും അനുരൂപമായ ചികിത്സ ആയുർവ്വേദചികിത്സയാണെന്നുള്ളതു് നിർവ്വിവാദമാണു്. ആയുർവ്വേദവൈദ്യന്മാർ നാടൻ സമ്പ്രദായത്തിൽ ജീവിക്കുന്നവരാകയാൽ അവരിൽ നിന്നും വൈദ്യസഹായം കിട്ടുവാൻ വലിയ ചിലവും വേണ്ടിവരികയില്ല. ഔഷധങ്ങളാണെങ്കിൽ എല്ലാം ഈ രാജ്യത്തു തന്നെ വളരുന്ന ചെടികളിൽ നിന്നും മറ്റും എടുത്തു് സംസ്കരിക്കുന്നവയാണു്. തന്നിമിത്തം അവയ്ക്കു് മിതമായ വിലയേ വരികയുള്ളൂ. നാട്ടുപുറങ്ങളിലുള്ളവർക്കു് ഇതു് അധികം ഉപകാരമാകയും ചെയ്യും. ബറോഡാ, മൈസൂർ, തിരുവിതാംകൂർ മുതലായ നാട്ടുരാജ്യസർവ്വമേണ്ടുകളും മദ്രാസ് ഗവർമേണ്ടു തന്നെയും ആയുർവ്വേദവൈദ്യത്തെ പ്രചരിപ്പിക്കുവാൻ പല ഏർപ്പാടുകളും ചെയ്തുവരുന്നുണ്ടു്. ബ്രിട്ടീഷ് ഇൻഡ്യയിൽ ചില താലൂക്കു് ബോർഡുകൾ, മുനിസിപ്പാലിറ്റികൾ മുതലായവയും, ആയുർവ്വേദപ്രചരണത്തിനായി പലേ ശ്രമങ്ങളും സഹായങ്ങളും ചെയ്തുവരുന്നുണ്ടു്.

കൊച്ചി സർവമേണ്ടു് ആയുർവ്വേദത്തെ സംബന്ധിച്ചേടത്തോളം വേറെയൊന്നും സഹായങ്ങൾ ചെയ്യുന്നുണ്ടെന്നു് പറയാൻ നിവൃത്തിയില്ല. സ്റ്റേറ്റിൽ എല്ലാം കൂടി പതിനാലു് ഔഷധശാലകൾക്കു് ഗവർമേണ്ടു് സഹായം ചെയ്തുവരുന്നതല്ലാതെ ഈ പ്രകൃതത്തിൽ ഞാൻ വിസ്തരിക്കുന്നില്ല. എന്നാൽ അതിനുവേണ്ടി ഗവർമേണ്ടു് ചിലവു ചെയ്യുന്നതു് ഏകദേശം 8,400 ഉറുപ്പിക മാത്രമാണു്. പഞ്ചായത്തുവകയായിട്ടുള്ള ഈ വൈദ്യശാലകൾ തന്നെയും ശരിയായ മേൽനോട്ടം ഇല്ലായ്കയാൽ നാട്ടുകാർക്കു് മതിയാംവണ്ണം ഉപകരിക്കുന്നില്ല. ചികിത്സാവിദഗ്ദ്ധന്മാരായ വൈദ്യന്മാരുടെ സഹായവും അവയ്ക്കു ലഭിയ്ക്കുന്നില്ല. ഔഷധങ്ങളുടെ ശുദ്ധാശുദ്ധിയും വേണ്ടുപോലെയും ശോധനം ചെയ്യുവാൻ കഴിയുന്നില്ല. എന്നിട്ടും അവയെ ആശ്രയിക്കുന്ന രോഗികളുടെ ഏകദേശസ്ഥിതി കവിഞ്ഞാണിരിക്കുന്നതു്. വാസ്തവം നോക്കിയാൽ ഇന്നു് പാശ്ചാത്യവൈദ്യസഹായം ലഭിക്കുവാൻ ഇടയാകാത്ത ജനങ്ങൾ—അതായതു് ആകെ ജനസംഖ്യയിൽ മൂന്നിൽ രണ്ടു് ഭാഗത്തിരിയും—ആയുർവ്വേദവൈദ്യന്മാരുടെ സഹായം കൊണ്ടാണു് കഴിഞ്ഞു കൂടുന്നതു്. എന്നാൽ ഗവർമേണ്ടിന്റെ ശ്രദ്ധയും സഹായമില്ലായ്മയും കാരണം നല്ല വൈദ്യന്മാരും വിശേഷയോഗ്യമായ ഔഷധികളും കുറവാണു്. അതുകൊണ്ടു് ഒരു ആയുർവ്വേദ ഡിപ്പാർട്ടുമെണ്ടു് ഇവിടെയും തുടങ്ങേണ്ടതു് അത്യാവശ്യമായിരിക്കുന്നു.

വൈദ്യസംബന്ധമായ കാര്യങ്ങളുടെ ആലോചനയ്ക്കും പ്രവർത്തനത്തിനുമായി സ്റ്റേറ്റിലെ പ്രധാനപ്പെട്ട വൈദ്യന്മാരടങ്ങിയ ഒരു ആയുർവ്വേദ ബോർഡും ഏർപ്പെടുത്തണം. ഇന്നു് നിലവിലിരിക്കുന്ന

LIBRARY ARCHIVES Kerala Legislative Assembly

വയും മേലിൽ ഉണ്ടാകുന്നവയും ആയ പഞ്ചായത്തു വൈദ്യശാല കൾ ഈ ബോർഡിന്റെ കീഴിലായിരിക്കണം. ഒരു പ്രധാന ചി കിത്സാമന്ദിരവും ഔഷധോദ്യാനവും ഏർപ്പെടുത്തണം. അതി നോട്ടം തിരുവിതാംകൂറിലെ ആയുർവ്വേദ കാളേജിന്റെയോ അല്ലെങ്കിൽ മദ്രാസ്സ് ഗവർമ്മെണ്ടിൽനിന്നും പുതുതായി തുടങ്ങിയ ആയുർവ്വേദ ഹോസ്പിറ്റലുടേയോ രീതിയിൽ ഒരു ആയുർവ്വേദവാ ശാലയും ഗവർമ്മെണ്ടുവകയായി തന്നെ തുടങ്ങണം. ഇപ്പോൾ ആ സ്പത്തായിൽ 1½ ലക്ഷം ഉറുപ്പികയിലധികം ചിലവുചെയ്തുണ്ടാ ക്കിയ കെട്ടിടം സൌകര്യപ്പെടുത്തുകിൽ ഇതിനായി ഉപയോഗി ക്കാം. ഈ സന്ദർഭത്തിൽ ഒരു പുതിയ ഡിപ്പാർട്ടുമെന്റിനെക്കൂടി സൃഷ്ടിച്ച് ഭരണച്ചിലവു വർദ്ധിപ്പിക്കണമെന്നു എനിക്ക് അഭി പ്രായമില്ല. ഈ ആയുർവ്വേദ ഡിപ്പാർട്ടുമെന്റിന്റെ ചിലവുകൾ മെഡിക്കൽ ഡിപ്പാർട്ടുമെന്റിനായി നീക്കിവെച്ചിട്ടുള്ള ആകെ സം പ്രയിൽ നിന്നും വഹിക്കേണ്ടതാണ്.

പ്രസിഡന്റ്. മോഷ്യൻ ടയോജിക്കുന്നുണ്ടോ?

മിസ്റ്റർ കെ. ശങ്കരൻ നമ്പൂതിരി (ചെറുതുരുത്തി).

അതെ, ഞാൻ യോജിക്കുന്നു.

Mr. E. IKKANDA WARIAR (*Urakam*).

Sir, I wish to call the attention of the Government to one or two aspects of the administration of the Medical Department which vitally affect the poor. It goes without saying that the hospitals are mainly intended for the poor. I understand that most of the cooks, if not all, employed in the hospitals of the State, are Christians and the poor caste-Hindus and Muhamadans are deprived of the privilege of enjoying the Sirkar diet provided there by our benign Government. I could have placed this matter before this House with more of facts and figures at my back to support my position, if the Government had been kind enough to answer some of the questions which I had asked relating to this matter. But that is not to be in this session. I am, therefore, compelled, Sir, to speak in a general way on this subject. There is a wide-spread complaint that many of the deserving, poor caste-Hindus and Muhammadans are not able to get themselves treated as in-patients in the hospitals of the State. I visited the Irinjalakkuda Hospital, a few weeks back, and I saw a Brahmin lady being treated there as an in-patient. She was fed on the food prepared by a Christian cook, not because she was willing to take it, but because she was compelled to take it, by the force of circumstances. To her it was a question of a miserable

LIBRARY ARCHIVES Kerala Legislative Assembly

death on the one hand and social and religious ostracism on the other. I congratulate her on her courage in preferring the latter.

Sir, let me not be understood as trying to rake up a communal question. Far from it. I may assure this House that I will be the last person to do it. I claim to be a social reformer myself, in my own humble way. But my enthusiasm for social reform is not so great as to make me blind to the facts as they exist. I am sure that the sense of this House is with me, when I say that the hospital is the last place for preaching social reform.

I hope that the Government would call for the statistics that have been asked by me in my questions, with the least possible delay, and take such action as they deem necessary, to make the Sirkar diet given in the hospitals enjoyable by all classes and sects of His Highness' subjects alike, by employing additional cooks, if necessary, as they do in the hospitals of British India. I am sure want of funds will not stand in their way. This House will not grudge a supplementary grant, if they cannot do without it.

The other point which I wish to bring to the notice of the Government is the prevalence of the practice of giving admission to the hospitals to the private patients of the Medical Officers in charge. It is not infrequently that we hear that some poor patient or other is prematurely discharged, to provide beds for the special patients of the doctors in charge of the hospitals. It may be that it is not because that they love the poor patients less, but because that they love the paying patients more. I do not wish to expatiate upon this subject any further. Suffice it to say that it impairs the tone of the administration of our hospitals and frustrates the very object for which they are established. I hope that the Government will take the necessary steps to prevent the continuance of such an undesirable state of affairs in future.

മിസ്റ്റർ ടി. എ. രാമചന്ദ്രയ്യർ (നെല്ലായി).

സർ,

വൈദ്യവിദ്യയെപ്പറ്റി പറയുന്ന കൂട്ടത്തിൽ എനിക്ക് സംഗതി പ്രസ്താവിക്കാനുണ്ട്.

LIBRARY ARCHIVES Kerala Legislative Assembly

Mr. C. A. KUNJUNNI RAJA (*Landlords*).

On a point of order, Sir. Can the Hon'ble Member speak in Malayalam, if he is able to speak in English? Rule No. 24 provides otherwise.

President.—Mr. Ramachandra Ayyar, are you, for the purpose of this debate, able to speak in English?

Mr. T. A. RAMACHANDRA AYYAR (*Nellayi*).

No, Sir.

President.—Then, you may go on in Malayalam.

മിസ്റ്റർ ടി. എ. രാമചന്ദ്രയ്യർ (നെല്ലായി).

കാലാന്തരങ്ങളിൽ ആയുർവ്വേദ ഔഷധങ്ങളിൽ പ്രദർശിപ്പിച്ചു വന്ന അശ്രദ്ധയും അമാന്യവുംകൊണ്ട് ആ ശാസ്ത്രത്തിന് കൂട്ടതലായ കോട്ടം പറ്റീട്ടുണ്ട്. ആയത് പരിഹരിക്കുന്നതിനും ആ ശാസ്ത്രത്തെ പുനരുജ്ജീവിപ്പിക്കുന്നതിനും ഒരു മാതൃകാ ആയുർവ്വേദപാഠശാലയും ആശുപത്രിയും (Research Institute) ഗവർമ്മെന്റിൽ നിന്നും ഉടനടി സ്ഥാപിക്കേണ്ടതും ആയുർവ്വേദ വൈദ്യന്മാരെ ആംഗ്ലേയ വൈദ്യന്മാരോടൊപ്പം ശസ്ത്രക്രിയ പരിശീലിപ്പിക്കുന്നതിന് എറണാകുളം പൊതു ആശുപത്രിയിൽ വേണ്ട ഏർപ്പാടുകൾ ചെയ്യേണ്ടതും ആണെന്നുള്ള എന്റെ അഭിപ്രായത്തെ ഈ ബഹുമാനപ്പെട്ട സഭയിൽ അവതരിപ്പിച്ചുകൊള്ളുന്നു.

ഇനി രണ്ടുവാക്കുകൂടി പറയാനുണ്ട്. ആണറി മെംബർ മിസ്റ്റർ ശങ്കരൻ നമ്പൂതിരി പ്രാഞ്ഞാട്ടുപോലെ തലപ്പുർ അസൈലത്തിന് വേണമോ വേണ്ടയോ എന്നും കോളേജിന് വേണോ വേണ്ടയോ എന്നും സംശയിച്ചിരിക്കുന്ന ആനപ്പാറ കെട്ടിടം ഇതിലേക്ക് ഉപയോഗിക്കുന്നതിനെപ്പറ്റി കുപ്രികകളും മന്ത്രകളും കണ്ടാൽ അറിയാൻ പാടില്ലാത്തതായ അത്തീനിരിക്കുന്ന ഈ കാലത്തു് മന്ത്രകർവ്വച്ചുണ്ടാക്കാൻ ഒരു തോട്ടവും കൂടി ഏർപ്പെടുത്താൻ ഞാൻ പ്രത്യേകം അപേക്ഷിച്ചുകൊള്ളുന്നു.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

I am afraid I have to oppose the motion for a cut. I am glad to understand that the Hon'ble Member for the Tattamangalam constituency was actuated by a motive of retrenchment in the expenditure of the department, and had very much relief when he raised this motion for a cut. But I am afraid that any retrenchment in this direction would correspondingly affect the efficient working of the General Hospital at Ernakulam. The General Hospital is not to meet the needs of the locality, but to meet the needs of the people of the whole State, and if, therefore, more hands are entertained in the Hospital, it is not a matter for great

LIBRARY ARCHIVES Kerala Legislative Assembly

surprise ; and besides that, the General Hospital is a sort of training ground for all the Sub-Assistant Surgeons for the mofussil hospitals. Some of them are provided for in the General Hospital, and there they get the proper training and are enriched with greater experience ; and this greater experience they carry away with them to the mofussil hospital is of immense service to the poor people of the mofussil parts. Yesterday, the Hon'ble Member for the Jewish constituency asked the Hon'ble Member for the Tattamangalam constituency whether he had any figures of the staff of the Trivandrum Hospital. He said he had no figures ready with him. I understand that the General Hospital at Trivandrum contains a greater staff than the General Hospital at Ernakulam. It is not a matter for surprise that the Trivandrum General Hospital is a bigger institution than the General Hospital at Ernakulam. But then, both are General Hospitals.

Dr. A. G. MENON (*Tattamangalam*).

On a point of order, Sir. Has the Hon'ble Member any specific statistics or mere word to show that there is a greater number of officers in the General Hospital at Trivandrum?

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer.*)

Sir, it is so. If the Hon'ble Member for Tattamangalam came to know the facts, he will find that my statement is correct. I am responsible for the statement. I have got the exact figures, and I shall dilate upon them when my turn comes.

President.—Now, the question is whether we are to reduce the staff of the General Hospital and, therefore, create some saving to our Government.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Well, I am sure the Government will be forced to say and admit that any retrenchment in this direction should be done carefully, in view of the fact that it would entail a corresponding increase in the sufferings of the people, whose interest, I am sure, he has at heart.

Dr. A. G. MENON (*Tattamangalam*).

Certainly.

LIBRARY ARCHIVES Kerala Legislative Assembly

Mr. S. F. NUNEZ (*Anglo-Indians*).

Well, I am a citizen of Ernakulam and as a student—

President.—But your activities are elsewhere.

Mr. S. F. NUNEZ (*Anglo-Indians*).

In the last 10 or 12 years, I used to pay periodical visits to the General Hospital. It is a matter of great gratification to me to say that the General Hospital at Ernakulam is the best hospital, not only in Kerala, but perhaps in the whole of the Madras Presidency, nay, the whole of India. (*Hear. Hear.*) It is no exaggeration, considering the ready response to the out-patients' needs. The Hospital is doing splendid work. Of course, Sir, I understand that the number of the in-patients and out-patients has gone up in increasing numbers in the course of the last few years, and I may be excused in making a reference to this statement. That is generally due to the management. I shall not be accused of a free compliment to the present management. The Hon'ble Member for Tattamangalam, if he investigates the number of patients that are now treated in the General Hospital, I am sure, would revise the opinion in the light of the enquiry. If patients—both in-patients and out-patients—increase in large numbers, I am sure that would entail a corresponding increase in the staff. If the Hospital is so very popular and satisfies the need of the whole State, and if it is doing such splendid work, that is the reason why we should try to increase the efficiency of the staff of the General Hospital at Ernakulam.

Mr. O R. CHUMMAR (*Vellarappalli*).

Sir, I oppose the motion. The cut that has been moved is with reference to the cost of the establishment, that is, the salary of the compounders, clerks and of the menial servants. But the mover has not pointed out that there is any extra hand among the clerks and compounders. He urges the motion on the ground that there are Civil Surgeons in excess of the number required. First of all, that point will not at all support the motion for a cut in the establishment. For, even if there is an excess of Civil Surgeons, that is no ground for reducing the number of clerks and compounders. Secondly, any criticism regarding the

LIBRARY ARCHIVES Kerala Legislative Assembly

appointment of Civil Surgeons cannot be allowed in moving a motion like this. The pay of Civil Surgeons is not votable, and that is tacked on with the subject under discussion without any justification. It is a practice which should not be allowed in this House.

President:—He was only criticising the policy. And if its principle is given effect to, it will be enough for his purpose

Mr O. R. CHUMMAR (*Vellarappalli*).

That is not a token motion, but one for a real cut.

Dr. A. G. MENON (*Taltamangalam*)

That is a token motion; and if the House is convinced, I may even withdraw the cut, which is to bring certain points to the notice of this House.

President:—So, treat that as a token motion.

Mr. O. R. CHUMMAR (*Vellarappalli*)

If it is a token motion, I shall treat it as such; and I oppose it as a token motion also. The attack on the number of Civil Surgeons centres mainly on the appointment of an additional Civil Surgeon for X-Ray.

President:—Not exactly the appointment, but putting the new Civil Surgeon in charge of the Ophthalmic Hospital, while there was Dr. Rao, who is a specialist in it.

Mr. O. R. CHUMMAR (*Vellarappalli*).

But Dr. Rao is a specialist in Surgery also. He has also won a great reputation by his bold operations, so that his services were indispensable in the department of Surgery. If he was put in charge of both the departments, the efficiency of both would have been impaired. The work would have been too heavy for him. A division of labour was necessary. Dr. Rao was put in charge of Surgery, while an X-Ray Specialist was put in charge of the Ophthalmic Hospital. The arrangement, I submit, is necessary for the efficiency and good name of the General Hospital.

Mr. C A. OUSEPH (*Chalakkudi*).

Sir, there is something to be said on either side in this matter. But after having viewed the pros and cons, I oppose the motion. Not that I stand in the way of retrenchments wherever possible. But I am satisfied

LIBRARY ARCHIVES Kerala Legislative Assembly

that there is absolutely no possibility of effecting any retrenchment in the Medical Department. One charge levelled at the department is that there are too many Civil Surgeons attached to the General Hospital. Sir, as far back as 1094, there were two Civil Surgeons in the Trichur Hospital. We have travelled for six years, and is it not time yet to have two Civil Surgeons in the Ernakulam General Hospital, the best institution of its kind in South India, barring the General Hospital at Madras? The Chief Medical and Sanitary Officer has to attend to a good amount of inspection work, necessitating constant circuits, and he has constantly to attend upon very important patients in the State. He cannot be asked to attend on patients that come to the Hospital.

The next change is that the new man appointed and put in charge of Ophthalmic work has no qualification. My answer is that supplied by the Secretary to the Diwan, that fitness for work is qualification.

President.— When did he say so?

Mr. C. A. OUSEPH (*Chalakkudi*).

With regard to the Museum, Sir. Fitness for work is qualification. His fitness for work has been proved by the fact that, since his appointment, the number of operations done in the Hospital has nearly doubled. Therefore, the man is, no doubt, fit for the work. We should test the man by his work, and if his work be found satisfactory, there is no reason why he should be criticised. Dr. Rao is an expert in Surgery, and there is his right place. Of course, there may occur mistakes here and there. He is certainly competent, and he has been properly put in charge of Surgery in the Hospital. The member for Urakam remarked that Christian cooks are attending in all hospitals. He wants the germs of caste or creed to be introduced into hospitals also. That is the only place which these have not succeeded in attacking. If a Christian or a non-caste Hindu be appointed as Doctor in charge, he will have to attend on the patient, and if he gives the patient Vincarnis or Cod Liver Oil, the patient has to take it in. But the Christian or the non-caste cook, the Hon'ble Member says, should not attend.

Mr S. F. NUNEZ (*Anglo-Indians*).

One is diet and the other is medicine.

LIBRARY ARCHIVES Kerala Legislative Assembly

Mr. C. A. OUSEPH (*Chalakkudi*).

But all the same, they come from flesh.

Mr. S. F. NUNEZ (*Anglo-Indians*).

Unconsciously swallowed.

Mr. C. A. OUSEPH (*Chalakkudi*).

Sir, the suggestion put forward by the Hon'ble Member for Urakam should not be adopted as a rule. Let that place at least be not attacked. Since the appointment of the present Chief Medical Officer, I make bold to say there has been a thorough improvement in almost all the hospitals in the State. We have Surgeons attending at night. That is an improvement far in advance of other hospitals in several other places. The number of patients has increased. I know personally that in some hospitals the number of patients went up by leaps and bounds during the last year. Sir, there is no reason for making a reduction in this department.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Sir, I rise to oppose the motion. In doing so, I confess to a feeling of surprise, not unmixed with a certain amount of regret, that this motion for a cut should have proceeded from an Hon'ble Member of my own profession, and I am sorry that this occasion presents to the House an object lesson of the time-worn adage that 'No two doctors agree.' I am sure, it is the result of getting hold of garbled versions of facts and a want of proper appreciation of the quantity and quality of the work turned out. Had the Hon'ble Member referred to me for elucidation of facts, as he rightly did to the Hon'ble Member for Education in a matter relating to that department, he should have been put in possession of facts which would have clearly given him the means of forming an unbiased opinion. He sought his information elsewhere, with the result that he failed to obtain all the relevant facts, and consequently, the work of the Medical Department and certain appointments, that I was instrumental in making for enhancing the efficiency of the department, have been criticised.

My regret, Sir, has been accentuated by the fact that my Hon'ble friend, while travelling beyond his

LIBRARY ARCHIVES Kerala Legislative Assembly

bounds into the tabooed region of non-votable items of expenditure, attempted to mislead the House by making assertions of statements which were not actually true. Firstly, he attributed to me the statement that the present Additional Civil Surgeon was an expert in Eye-disease. I never said so. He was specially trained in X-Ray, and I had said, in answer to a question in this House, that he was a graduate of a British University, and since coming to India, had paid special attention to the treatment of Eye-disease, and I hope the Hon'ble Members present here will be aware that, in my preliminary remarks, I had stated the facts as they were. Although it is not necessary for me to refer to the official correspondence on the subject, yet, as matters have been brought to the notice of the House in a different light, I want to take the House into my confidence, and I have no objection to inform this House exactly as to how matters stood.

Here I give an extract from my D. O. to the Diwan:—

"I wish to bring to your notice that the work of the Ophthalmic Hospital is expanding to such an extent that the necessity for the services of a full-timed man is keenly felt. At present the work is carried out by me, but the patients have to wait until I am free to attend the Ophthalmic Hospital. I consider it highly necessary to appoint a Medical Officer with superior qualifications to be in special charge of this Hospital. Dr. Rao is the only officer in the department who has had a special training in this work; but his duties as Civil Surgeon are so onerous and heavy, and the volume of work in the Ophthalmic Hospital has so far increased that he will not be in a position to do justice to both. If a special Medical Officer is entertained now, I shall be able, before my services terminate here, to train him up sufficiently well to carry on the work."

You will observe that there is no mistake as to the facts. I have stated everything clearly. It is rather delicate for me to bring to the notice of the House the letter that I wrote to the Government; but I wish to make every point clear. Then, let us come to the details and take up the Ophthalmic Hospital, to which reference has been made. I have got the statistics, furnished to me, of the work of the Ophthalmic Hos

LIBRARY ARCHIVES Kerala Legislative Assembly

pital during the current year, compared with that of the previous year. I shall just hastily run through the figures.

Statistics of work in the Ophthalmic Hospital.

Month	Admissions		Daily Average		Operations	
	1099	1100	1099	1100	1099	1100
Chingam ...	259	356	25·28	41·74	16	53
Kanni ...	289	347	29·86	54·03	39	60
Thulam ...	225	347	26·10	59·50	26	50
Vrischigam ...	251	303	29·36	46·00	32	55
Dhanu ...	243	270	27·23	34·50	26	50
Makaram ...	266	340	27·70	41·59	40	70
Kumbham ...	279	355	28·56	42·86	28	66
Meenam ...	284	434 (2)	29·37	47·47	35	90
Medam ...	443 (1)	531	35·98	68·94	31	80
Edavam ...	477	472	49·12	59·10	36	62

(1) I took charge on the forenoon of 11—9—1099.

(2) The Additional Civil Surgeon took charge on 17—8—1100.

The figures will show you how the attendance began to improve from the very first month that I took over charge of the institution, on the 11th of Medam 1099. The increase proceeded steadily month after month until, after 8 or 9 months, I found that it was interfering with my other duties, and I brought the fact to the notice of Government, as disclosed in the correspondence read out now, and a special officer was appointed to take charge of the Ophthalmic Hospital. Now, please note that immediately after the special officer took charge on 17th Meenam 1100, the attendance of eye-patients and the number of eye-operations have increased in a marked degree, principally because there was a man to give prompt attention to the patients.

These facts go to prove that the volume of work has increased tremendously since my advent and has still further increased since the appointment of the special officer.

Then, with reference to the appointment of the Civil Surgeon, I have to say that it would be perhaps

LIBRARY ARCHIVES Kerala Legislative Assembly

necessary to increase the number at no distant date, because the efficiency of the department depends upon the number of Surgeons that are available. If we reduce the number of hands, there will be complaints that the patients are not attended to promptly, which is often due to the want of a sufficient number of Medical Officers in the hospitals. As regards the appointment of the X-Ray Special Surgeon, upon which the member had dilated at length, the appointment of such a Surgeon is absolutely necessary.

Dr. A. G. MENON (*Tattamangalam*).

On a point of order, Sir. I have said nothing about the appointment. It is the work allotted to the Special Surgeon and not the appointment.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

He is an expert in X-Ray and is appointed for that purpose. The Ophthalmic Hospital work was also given to him to save the appointment of separate officers for each.

President.—His principal point was that Dr. Rao is a specialist in Ophthalmology, and then, he is put in the general division; he should be put in his special line; that was the argument put forward by Dr. A. G. Menon.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Dr. Rao is a specialist in Surgery and also in Eye disease. He cannot be entrusted with both the departments, as it is not possible for one man to attend to both well. Sir, Dr. Rao, as I had stated in my official communications, had his training in Ophthalmology. His legitimate and real duty was the executive charge of the General Hospital, and as such, he had the supervision of the whole Hospital, which contains about 150 beds, almost always full. He had the scrutiny and control of the diet expenses of the Hospital, which amounts to more than Rs. 1,000 monthly. He was the Surgical Expert of the Hospital. I found that he was also the Engineering Expert in regard to medical buildings. His work was so heavy that it was impossible for him to do justice to all this work as well as to

LIBRARY ARCHIVES Kerala Legislative Assembly

the Ophthalmic Hospital, at least to the standard I wished the Hospital service should attain to; and so there was division of labour, and a special man was appointed to the Ophthalmic Hospital, and the result proves that my action was perfectly right.

Dr. A. G. MENON (*Tattamangalam*).

On a point of order, Sir. May I know whether he is an expert in Surgery, or whether he has undergone training in Surgery Dr. Rao, I mean.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Yes. He has specialised in Surgery. He is known as the expert in Surgery. He has been doing surgical work, has had some special training for a few months in eye; but I never knew, he was a specialist in eye-diseases.

Dr. A. G. MENON (*Tattamangalam*).

It must be clearly stated whether he is a specialist in Surgery also. Of course, every medical man must have undergone training in every branch of Medical Science. That does not make him an expert.

President.—Dr. Verghese thinks that he is an expert in Surgery.

Dr. A. G. MENON (*Tattamangalam*).

Sir, I do not want his opinion.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*.

I should like to know the meaning which he attaches to the word "expert" clearly. I should like that point to be made clear to this House, before I proceed.

Dr. A. G. MENON (*Tattamangalam*).

Of course, after passing the Medical Training Examination, each man takes up certain subjects and undergoes special training in hospitals. If he is found competent, he will be given a certificate of competency, and thereby he is competent to take that subject better than any other. In England, the practice is this: each man devotes his time to a certain branch of

LIBRARY ARCHIVES Kerala Legislative Assembly

Medical Science under a Medical or General Surgeon who is specialised in that subject; and if a General Surgeon gets an eye-case, he would be sent to the man who has specialised in that subject. In England, there is even a law that every medical practitioner or medical man should, if possible, send all cases to experts. Every man who has undergone a general medical course is not an expert; of course, in some cases, in every branch, there is a specialisation. That specialisation must have been undergone by every expert.

President.—Can a doctor be specialised in more than one branch of Medical Science?

Dr. A. G. MENON (*Vattamangalam*).

Yes. He can be specialised in more than one and spend his life in one or two or three.

President.—And Dr. Rao?

Dr. A. G. MENON (*Vattamangalam*).

I don't know. Our Medical Officer might be able to give a definite reply. I am incompetent.

Mr. C. A. OUSEPH (*Chalakkudi*).

May I know, Sir, whether one can become an expert by experience?

Dr. A. G. MENON (*Vattamangalam*).

That is not taken into consideration.

DIWAN BHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

I should like to enlighten this House about the point 'expert'. The expert is a man who, after graduation, devotes all his time and energy to one particular branch of Medical Science, and after years of work at it, gains experience and efficiency, and then he may be called an expert. A graduate in Medicine who walks through the wards of an Ophthalmic Hospital for three or six months and gets a certificate may pose himself as an expert before people who do not know anything of what an expert is. An expert is a man who, by assiduous devotion to that particular branch of science, spends years of study on that. A man can be called an expert, only if he has reached a certain stage of experience. The other is only a ground work on which he builds up his specialised knowledge.

LIBRARY ARCHIVES Kerala Legislative Assembly

Judged by that, I considered Dr. Rao more a Surgical Expert than an Ophthalmic Expert.

Sir, I forgot to mention that, in the Ophthalmic Hospital, there is an Assistant who is a Sub-Assistant Surgeon. He is in charge of the Leper Asylum also. One Medical Officer who had multifarious duties was attending to the Eye-Hospital along with his other work, with a Sub-Assistant Surgeon who is asked to work in the Leper Asylum also. This was the arrangement that existed for its management No wonder that the Ophthalmic Hospital dragged on a sorry existence before the Additional Civil Surgeon was appointed.

Dr. A. G. MENON (*Tattamangalam*).

A point of order, Sir. A Sub-Assistant Surgeon in the Ophthalmic Hospital to be in charge of the Leper Asylum also?

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

That man still continues to be so.

President.—He was asking for a separate man, for a long time, to improve the efficiency of the Department. You wanted to say someting about Travancore.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Yes, Sir. I shall come presently to that subject in connection with this motion. Now, I shall enlighten the House on the subject of the General Hospital work. I have got the statistics of the general working of the department and, especially, of the General Hospital.

Statistics of Work for 11 months in 1100 and 1099.

	State.		General Hospital.	
	1099.	1100.	1099.	1100.
No. of out-patients.	3,40,860	3,98,495	38,651	59,323.
No. of in-patients.	8,087	9,064	3,054	3,094.
Total.	3,48,947	4,07,559	41,705	62,417.
Increase. (Out-patients)	57,635 in 1100.		20,672 in 1100	

LIBRARY ARCHIVES Kerala Legislative Assembly

Increase (In-patients)	977 in 1100.		40 in 1100	
No. of operations.	12,538	14,903	937	1,036
Increase. (Operations)	2,365 in 1100.		99 in 1100.	

The figures for 1099 are of 12 months; while those of 1100 are of only 11 months.

During the last year, the number of out-patients in the State hospitals has risen, as may be seen from the statistics. I have given the figures of 11 months of this year, and I am comparing them with those of the 12 months of the previous year. The number of in-patients has risen from 8,087 to 9,064; the number of operations from 12,538 to 14,903. Coming more closely to the General Hospital, you will be struck with the marvellous inrease in 1100. The number of out-patients in 1099 was 38,651. During the last 11 months, 59,323,—an inrcease of more than 20,000 patients. You will find increase in the number of in-patients and operations. How did this abnormal increase of patients come about? Has there been an extraordinary epidemic in the State, or were the suffering public merely coming for the fun of the thing? No, nothing at all. They came, simply because they found that the Hospital service was certainly more efficient and more effective than before. The public is not likely to come in large numbers, if they are not properly looked after, and if they are not paid special attention nor shown kindness and devotion. This is evidence enough to show that the work has extended abnormally during the last year.

I must here allude to another misstatement which my Hon'ble friend made. He told this House that I said that it was impossible for the staff, as it stands now, to cope with the work of the Hospital. I never said anything like that. What I said was that the number of patients attending the Hospital was on the increase, and I had made a representation to the Government that the existing staff was unable to cope with the work efficiently and secured an addition of two lady Sub-Assistant Surgeons to the staff of the Hospital, and one of them was put in charge of the women and children side of the out-patient department. That had attracted women and children in large numbers, and,

LIBRARY ARCHIVES Kerala Legislative Assembly

on the whole, an atmosphere of confidence is created in the public mind about the efficiency of the General Hospital service, and that is the real explanation of the increased volume of work. But this could not be done without proportionate increase in the staff. No man with any administrative experience would consider for a moment that the staff was too many. In answer to the interpellation on the subject, I have given what the allotted duties of each member was.

Then, again, my friend alluded to two Sub-Assistant Surgeons on the reserve staff of the General Hospital. One, I said, was there doing School Inspection work and the other a reserve in hand. We have got about 2,000 pupils to be examined in the Trichur centre and 1,700 in the Ernakulam centre. When the posts of the Special Medical Officers for School Inspection work were abolished, I represented to the Government that we may replace them by Sub-Assistant Surgeons for School Inspection. With this increasing volume of work, was it possible to send men in direct charge of the wards for School Inspection work without dislocating their routine work? I was intent upon bringing this institution to an efficient standard, and Government agreed with me in appointing one man for that purpose. Then, again, Medical Officers go on casual leave and privilege leave. His Highness the ex-Maharaja wants a man during his tour, which takes 3 to 4 months in all during the course of a year. It is to meet this requirement that a reserve hand is employed.

In the General Hospital of Trivandrum, there is one Surgeon and two Deputy Surgeons. This is apart from the Darbar Physician who is the Head of the Administration. Specially appointed for the General Hospital are 1 Surgeon, 2 Deputy Surgeons, equivalent to our Civil Surgeons, 5 Assistant Surgeons and 4 Sub-Assistant Surgeons. Please note they have a separate Hospital for Women and Children, which is manned by a Lady Doctor, who is now the Head of the Administration. There is one Deputy Surgeon, 4 Assistant Surgeons, and 1 Lady Doctor. There is also a separate Ophthalmic Hospital in the charge of a Deputy Surgeon and assisted by one Assistant

LIBRARY ARCHIVES Kerala Legislative Assembly

Surgeon and one Sub-Assistant Surgeon. I admit that, compared with Travancore, ours is a much smaller State, but our Hospital shows favourable comparison with that of Trivandrum, though our staff is much smaller.

Dr. A. G. MENON (*Tattamangalam*).

May I know the various items under "Miscellaneous charges"—Rs. 5,000?

President.—The Hon'ble Member wants to know something about the miscellaneous charges for Rs. 5,000.

DIWAN BAHADUR DR. V. VERGHESE (*Chief Medical and Sanitary Officer*).

I have just taken down the various items which make up that figure. The figure is the same last year as well as this year. Washing charges of the General Hospital alone comes to Rs. 528. Bandage clothes, Rs. 268. We had to put up pipe connections from the new operation theatre, and it comes to about Rs. 1,000 which is charged under "Miscellaneous". We are getting soap from the Kerala Soap Factory, and that comes to a round sum, and all these put together amount to Rs. 5,000. This is not a new expenditure, nothing new. Lighting and other charges are also provided under "Contingencies."

Then about caste cooks. The first thing that attracted my attention when I came here was the fact that there were no caste cooks here. I have been accustomed to be in charge of British Hospitals, where they pay special attention to employ caste-Hindu cooks in hospitals. Here, all the cooks were Christians. But then, I was told that there was no demand for caste-cooks and that people do not mind this. Now, the matter will receive my personal attention, and I would certainly see to the employment of caste-cooks with a view to attract more people to the Hospital. Our aim is to give the benefit of our treatment to people who are orthodox, superstitious and retiring, and we devise means for this. I think, whenever I get a chance, I shall certainly employ caste-Hindu cooks.

Now, in short, all that I want to impress upon this House is that the maintenance of efficient hospital service is the primary aim, and I am sure that with the

LIBRARY ARCHIVES Kerala Legislative Assembly

explanation, I have placed before you, you have no hesitation to vote for the grant asked for. Efforts have been made to economise, and I have already stated in the general discussion that it was by reason of the result achieved by economising that I was able to bring the proposal to introduce X-Rays in the General Hospital without asking for a supplementary allotment of funds for that purpose.

Mr. C. ACHYUTA MENON (*Mulakunnattukavu*).

In Travancore, there is a special officer, and there is a special allotment.

DIWAN BAHADUR DR. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Now, there is a point in connection with this which the Hon'ble Member raised. He stated that this economy was effected by snatching from the hospitals in the mofussil and depriving them of their due allotment of medicines, as for instance, Nanniode Dispensary, which is said to have had no supply of quinine.

I have here a statement of the supply of quinine to that dispensary.

Quantity passed as per annual indent of 1099 is . . 5 lbs.

Quantity supplied.—

5 lbs.	on	13—10—1098.
5 lbs.	on	26— 1—1099.
5 lbs.	on	25— 3—1100.
1 lb.	on	26— 7—1100.
1 lb.	on	30— 9—1100.

The total quantity supplied from 13th Edavam 1098 to 30th Medam 1100 is 17 lbs.

These subordinates make extravagant demand for medicines, and, of course, I had known that Nanniode is a malarial place, and I have carefully seen to the supply of quinine. He has absolutely no ground for complaint.

As for Ayurvedic medicines, referred to in the House, I have to say that, though a votary of the Western system of medicine, I am one who believes that there is virtue in the Ayurvedic medicines. I have an idea of introducing Ayurvedic medicines in the hospitals, considering the cheapness of those drugs

LIBRARY ARCHIVES Kerala Legislative Assembly

and their adaptability to the country, compared with the western medicines. The matter will receive my personal attention. I have also an idea of selecting some Ayurvedic physicians and giving them some sort of practical training in Surgery in the General Hospital, (*Hear, hear.*) so that I may post them to the Panchayat areas. Owing to the financial stringency of this year, these proposals were not pushed through, as you, Sir, are aware, but I hope it will engage the attention of the Government at an early date.

Dr. A. G. MENON (*Tattamangalam*).

Sir, I am sorry I cannot accept the definition of the term "expert" given by the Hon'ble Member for Medicine. It will only be of academical interest, if I am to address this House on that point. I leave it to the specialists in English literature to fight for the definition of the term. The Hon'ble Member for Vellarappalli said that the General Hospital is a sort of training ground for the Sub-Assistant Surgeons. Well and good. I am sorry that our C. M.& S. O., who was for a long time D. M. & S. O. in the Madras Presidency, has said practically nothing about the hospitals there, but entirely relied upon those in Travancore for comparisons, etc. My Hon'ble friend said that I am criticising him as I am a medical man. I don't know whether there is any insinuation in that.

President.—I should not take it as an insinuation.

Dr. A. G. MENON (*Tattamangalam*).

Then, I take it in good light. Of course, only a medical man could tell this House about the line of working and criticise on the subject. Sir, my medical qualification makes me more competent to speak on the subject.

President– But you agree with him in that no two doctors will agree?

Dr. A G. MENON (*Tattamangalam*).

That is only an adage. Sir, I do not entirely agree with him. In diagnosis, this might be true to a certain extent. But, Sir, I am only dealing with the administration of the department. The C. M. & S. O. laid stress on the Ernakulam Hospital being a General Hospital and stated that comparisons should only be

LIBRARY ARCHIVES Kerala Legislative Assembly

drawn with Trivandrum and Madras. Comparisons are odious. Let us take the extent of these places. Travancore comprises an area of 7,625 sq. miles and Malabar 5,792 sq. miles, whereas our State comprises only 1,417 sq. miles.

Mr. S. F. NUNEZ (*Anglo-Indians*).

Our State is a progressive State.

Dr. A. G. MENON (*Tattamangalam*).

I am proud of it, Sir.

I had nothing to add. I want to bring to the notice to the Government and this House that, if possible, the expenditure must be curtailed, and each Medical man may be given more work. That is the sum and total of my argument which I place before this House. It is not a mere cut of Rs. 500—which will be a saving to the department—that I am aiming at, but to bring to the notice of the Council and the President that, in my opinion, the Medical Officers have not sufficient work, as the number is very large in the establishment. I want only to draw the attention of the Government to the defects. With these words, I withdraw the motion.

The House permitted the motion to be withdrawn.

Motion No. 68.

Mr. PAULO MAMPILLI (*Narakkal*).

To reduce the allotment of Rs. 2,100 for T. A. by Rs. 100.

The motion was deemed to have been withdrawn, since the member was absent.

Motion No. 69.

Mr. C. ACHYUTA MENON (*Mulakunnttukavu*).

To reduce the allotment of Rs. 16,841 for Leper Asylum by one rupee.

Mr. C. ACHYUTA MENON (*Mulakunnattukavu*).

I beg to move that the allotment for the Leper Asylum be reduced by on rupee. My object in making this token motion is to call attention to the urgency and importance of opening a Leper Asylum on up-to-date lines.

I do not wish or intend to revive the controversy regarding the location of the Leper Asylum. The

LIBRARY ARCHIVES Kerala Legislative Assembly

Anappara scheme was abandoned by His Highness' Government more than three years ago. That is now a settled fact, and I would treat it as such. What I now wish to bring to the notice of the Government and of this Council is that after the abandonment of the scheme, the Government have proved themselves to be somewhat remiss in this important matter. When five years ago the Anappara scheme was initiated and pushed on vigorously, the Government practically admitted the importance and urgent necessity of having a Leper Asylum in the State on up-to-date lines. But, after that scheme was abandoned, the Government have not taken any steps during the last three years to have an Asylum opened.

President.— As to the necessity of the Asylum, I should say, this much. We allotted Rs. 25,000, this year, and in the next year's budget, we have provided Rs. 25,000, so that we are very earnest about the matter of having a Leper Asylum on up-to date lines. All members complain that the present site of the Leper Asylum, Vendurutti, is deplorable.

Then, as to the question of site, about 18 or 19 places were investigated. We have not decided which site is more favourable. We have set upon Adur, and it is objected to. Nevertheless, we have to carry on our investigations.

Mr. EPHRAIM AMBOOKEN (*Adur*).

As far as the decision goes, is it Adur that is going to be the place?

President.— That place is under investigation.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Snitary Officer*).

Yes, Sir. I have already brought to the notice of the Government that the present site of the Leper Asylum at Vendurutti is a blot on the General Administration. But then, wherever we go, we meet with opposition in the selection of sites.

Dr. A. G. MENON (*Tattamangalam*).

Sir, Chittur will be able to supply a very commodious compound or *paramba* for the Leper Asylum.

President.— Chittur never came in for investigation.

LIBRARY ARCHIVES Kerala Legislative Assembly

Mr. EPHRAIM AMBOOKEN (*Adur*).

That is an isolated place.

Mr. C. A. OUSEPH (*Chalakkudi*).

We want an isolated site.

Mr. C. ACHYUTA MENON (*Mulakunnattukavu*).

Most of the unoccupied parts of Chittur are malarial.

President.—We insist on having a Leper Asylum at the earliest possible date. That is the motion of Mr. C. Achyuta Menon.

Mr. C. ACHYUTA MENON (*Mulakunnattukavu*).

Such an institution has always been a necessity; it is especially so at the present time. Recent developments in the treatment of leprosy hold out strong hopes of a radical cure of the disease. With this treatment and the segregation of lepers, if carried out systematically and simultaneously in all the States of India, there is every chance of this disease being eventually eradicated from this Continent. Remissness on the part of any individual State, will, like a weak link in a chain, render the undertaking abortive, or at least unnecessarily delay the accomplishment of the object in view. I hope, therefore, the Government will move in this matter with vigour and earnestness.

It is especially incumbent upon the Government of Cochin to do so. It is probably not generally known that, relatively to its population, leprosy is more widely prevalent here than in any other State or District, at least, in Southern India. In the Madras Presidency, there are only 62 males and 20 females afflicted in a hundred thousand of the population of either sex, and the proportion is about the same in the West Coast Districts. But in Cochin, there are 70 male and 25 female lepers in the same proportion of the population. This fact deserves to be specially borne in mind.

I will not venture to express any opinion on the question of the location of the Asylum. That must be decided by the Chief Medical and Sanitary Officer, in consultation with those who know the State thoroughly. But I would like to make one suggestion of a general

LIBRARY ARCHIVES Kerala Legislative Assembly

nature. Of all the taluks in the State, leprosy prevails most widely in Cochin-Kanayannur, that is, in the tract bordering the sea and the back-water. Though the population of this Taluk is only 26 per cent of that of the State, 55 per cent of the lepers are found in it. I do not assert that there is any connection between a sandy soil or brackish water or putrid fish or other special features of that tract and leprosy. But the fact remains that there is much more of the disease in that tract than elsewhere. I would, therefore, suggest that the Asylum be located in some unobjectionable spot in the laterite regions of the State. This is a counsel not of exact knowledge, but of ordinary prudence and common sense.

President.—I do not know whether any further discussion on this point is necessary. Government insist on having a Leper Asylum. Every endeavour will be made to have a Leper Asylum at an early date.

Mr. C. ACHYUTA MENON (*Mulakunnattukavu*).

My object is achieved, and I do not press the motion..

The Council allowed Mr. Achyuta Menon to withdraw his motion.

President.—We shall pass on to the next Demand.

DEMAND XXIII—Sanitation and Conservancy—Rs. 73 lakh.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Sir, I rise to move for a grant of Rs. 73,500 under Demand XXIII—Sanitation and Conservancy.

Mr. C. ACHYUTA MENON (*Mulakunnattukavu*).

Vaccination comes before Sanitation and Conservancy.

President.—There is no motion to cut or reduce under that budget head. For Sanitation and Conservancy, we have budgetted for less this year.

DIWAN BAHADUR Dr. V. VERGHESE (*Chief Medical and Sanitary Officer*).

Yes Sir. That is due to the fact that the contribution to the State General Sanitation Works Proper is

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